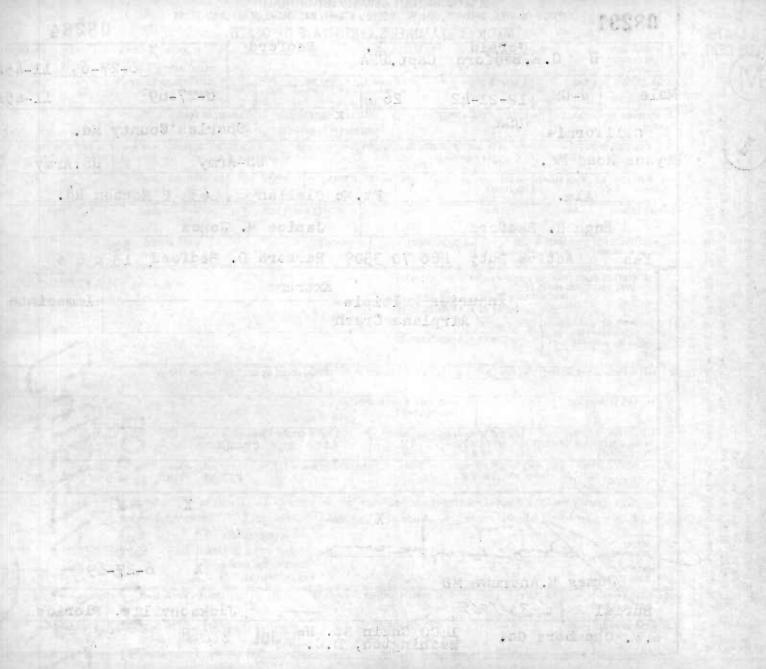
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<b>1 1 1 1 1 1 1 1 1 1</b>	) tu	3. 5	EX	4. RACE	S. DATE OF BIRT		6. AGE (In years	IF UNDER 1		IDER 24 HRS.	DEATH MATED 2c. DATE PRONOL		7-6919	11-4/
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4 ho I Itel s Off					Bedford	1	1031		Janice		Jones	Middle		USI
nin 2 ncil ir niner	pages haurs		WAS DECEASED EV	ER IN U.S. ARMED F	ORCES?	16b. SOCIAL SEC		17. INFORMAN				DDRESS Se		
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d be executed within 2 d "pending" in pencil ii Chief Medical Examiner	event within		1B. CAUSE OF PART I. D	FATH WAS CAUSED	y one cause per lin BY:			E	xtreme				BETWEEN ON	ISET AND DEATH
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Thi			21a. EXTERNAL (	CAUSE WAS	21b. TIME OF I	NJURY Month, D	oy, Year	21c. HOW INJ	URY OCCURRED	(Enter natur	re af injury in Par	t 1 or Part 2, Ite	_	
.R: certif	should tian, ar	MEDICAL	CAUSE OF DEATI		P.M		AM 19		rplane		sh			
execute the ar. Page 4 sh	Page 3 shour crematian,	WE	21d. INJURY OCC WHILE AT WORK A		PLACE OF INJURY (A stary, office building		street,	21f. LOCATION	Street ar R.F.D.		City or Town		County	State Md.
ecut Page	4)0				ook chorge of th	e remoins d	escribed obo	ve, held on	Autopsy	٦, Ins	pection X,	Inquiry &	ond in	my opinior
e ex	ECTOR: burial	1			Natural couse		ccident X,	Suicide {		icide 🔲,	40-00-	ned monner	-	
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5 = + 1	2 H	230	BURIAL (REMATER)	TION, 23b.	-30-196	23c. NA	AME OF CEMETER	Y OR CREMAT	ORY		LOCATION (City o		(County)	(State)
		24.	FUNERAL DIRECTO	OR			ADDRESS	- 01	NET T 2Sa. R	REC'D BY REC	ackson	REGISTRAR'S	FTOP1	ee.
	A15ME (5) REV. 1/68		W.W. CI	hambers	co.	Wash	ADD That is	n, D.	C. DATE	UL	2 1969 25h	A Comment	0	P*

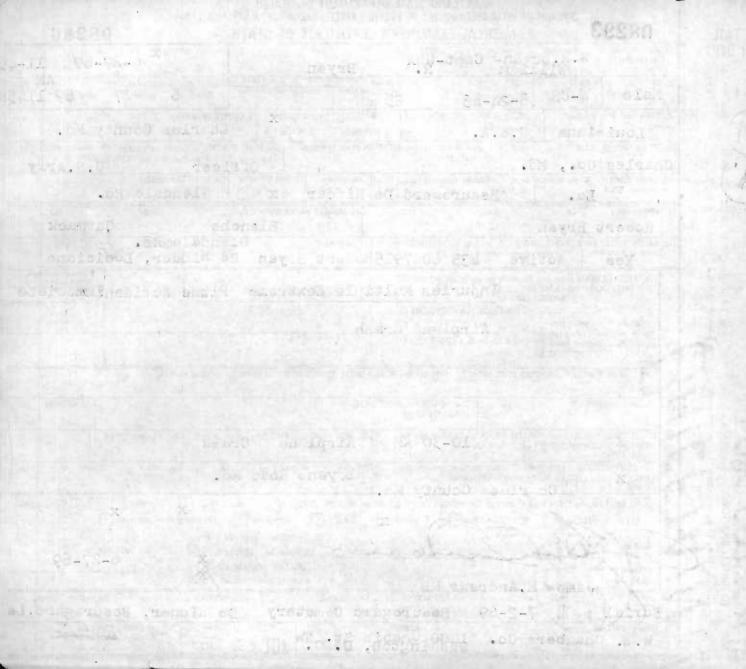


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7%			08292	DIV	VISION OF VITA	L RECORDS				ORE, MAR	YLAND 21201	0000	
							CERTIFI	CATE OF	DEATH			0828	5
ŧ	42 H		ima as arintl	First		Middle		Lost		2a. DATE OF			2b. HOUR
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a du	a g	70.	BIRTHPLACE (State or foreign	7b. (	CITIZEN OF WHAT CO	UNTRY?	8. MARRIED	NEVER MAR	RIED 9.	COUNTY OF	DEATH		
24 4	d ir		Maryland TITY OR TOWN OF DEATH		USA		WIDOWED	DIVOR	CED 🗌	Char			Md.
. <u>=</u>	ely filled in oan paper. within 72	10.			11. NAME OF	HOSPITAL OR I	NSTITUTION (IF	not in haspital	12a. USUAL	OCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
Wit	campletely filled ave carban papery event, within 7		La Plata								t -Dept	Store	9
pa	car	13a. adm	USUAL RESIDENCE (Where de	ceased liv	OL COUNTY				13d. INSIDE CITY LIMITS	7	REET AND NUMBER	760	4
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0	an un	14.	ATHER'S NAME First		Middle	Lost		S. MOTHER'S MA	IDEN NAME First		Middle		tost
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requires that the death certificate be executed within 24 haurs a physician.	physician nen please laval, and ir	160.				8-16-		INFORMANT Mr. Jai	mas A	Mudd	-Son-i	n law I	o Dlot
ertif	rificate has been signed by the attending physical far use as the burial-transit permit. Then pate Health prior to burial, cremation, ar remaval,	-	Yes W	N 1				ur. var	mes A.	Mudu	-20II-TI		
£	signed by the attending burial, tremation, ar remi		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one	e couse per line for	1			12 =	10	4	BETWEEN I	DNSET AND DEATH
deat	mit			MEDIATE CA		1		PS CE	repre	MI	, नेश्वा ३१	5	413-
he	per per tion		Conditions, if any, which go		DUE TO, OR AS A CO	)NSEQUENCE O	F						1
t .	nsit ma		rise ta immediate cause (	a), (	(b)	0115501151155.6							V
Ky s in	d by		stoting the underlying collast.	Jse	DUE TO, OR AS A CO	JN2EQUENCE O	IF.						
equires #	gne		PART 2. OTHER SIGNIFICANT	CANDITIC	(c)	O DEATH BUT	NOT PELATED	O THE TERMINAL	DISEASE OR COM	DITION CIVEN	IN DART 1(a)		
ba d	a b b s ·		Ansa		MS COMMODITION	O DEATH DOT	NOI KLLAILD	O THE TERMINAL	DISEASE OR CON	DITION GIVEN	IN FAKI I(d)		
The law re	as the priar ta	CERTIFICATION			ITION FOR WHICH OP	ERATION WAS I	PERFORMED	20o. AUTOF	PSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN C	FRTIFYING
The	h pr	IFIC						YES 🗀	NO X		OF DEATH?	TOTAL TITLE	EXTIT THE
	use ha		21a. ACCIDENT WAS UNDER	LYING	21b. TIME OF INJUR	ly.	21c. I			ature of injur	y in Part 1 ar Part 2	. Item 18.)	
CA	ifficat far if He	MEDICAL	OR CONTRIBUTING CAUSE DI		HOUR A.M. Mor	nth Day Yea	or 19		,			,,	
OR ATTENDING PHYSICIAN: be retained by the haspital ar	ífter this certi be detached State Dept. af	MEL	21d. INJURY OCCURRED			ME, FARM, STREET, F BUILDING, ETC.		OCATION <sub>®</sub> Street	or R.F.D. No.	City	or Town	County	State
P. P.	After this ce be detache State Dept.		While Not while at work								1	10	
NE >	ter tate		22a. I certify that (I) saw the decease	(this ho	spital) attended	the decea	sed fram-	6/2	, 19 0	(, to	122 1	90 L, that	(I) (we) last
ND ed l	he S		saw the decease	d alive	on Sinder	1	19_ <b>Q</b> _(ar	id that in (my	y) (our) opinio	an deoth a	ccurred on the c	date and hour	ond from the
Tip	th th		226. SIGNATURA	ove (I)	(we) (aia) (aia r	or) view the	e body affer	deoth.				. DATE SIGNED	1
OR ATTENDING	3 s d wij		20. 310111011	Na-	Marsto	-1	DEG	REE PHYS.	G MED.	CTOR [	STAFF PHYS.	L. DATE SIGNED	168
7 k	fie e e		22d. PHYSICIAN'S	7 1	· Vacation	1	4	22e. ADDF		CIUK	PHIS.	910	19/1
PIT,	FRA Fr. p		NAME (Type)	15	10511	7.	MAN	FIRE	Lef	AIR	12/2	KO.	2646.
10S	5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23a.	BURIAL, CREMATION, 2	3b. DATE		23c. NAME O	F CEMETERY OF	CREMATORY	12	23d. LOCATIO	N (City ar Town)	(County)	(State)
TO HOSPITAL Page 4 may b	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta	B	REMGVA (Ipecify)	6/28	/ 1969			ius Cer	netery	Cha	pel Poi	nt, Md.	
	VR AIS		FUNERAL DIRECTOR			ADDRES		7-11-1	25o. REC'D BY R	EGISTRAR	25b. REGISTRAR	'S SIGNATURE	200
	45M - 1/80	A	rehart Fund	eral	Home .I	ncL	a Pla	ta.Md.	DATUUN 3	0 196	3 Kills	way free	9

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08286 HEALTH DEPT. 1. DECEASED-NAME Bryan- Capt-USA 2a. DATE KNOWN Month Day Year (Type or Print) OF ESTI-6-27-69 to Bryan DEATH MATED 4. RACE AGE (in years IF LINDER 24 HRS 3 SFX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD W-US Male Month Day 27 Year 69 8-24-43 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Charles County Md. Louisiana U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) Charles Co.. Md. .Army 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE Beauregard De Ridder Glendale Rd. YES NO Item Office after gud 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Middle Cammack Blanche Robert Bryan haurs Examiner's pages Glendaleandad. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 135 60 7915Robert Bryan De Ridder, Louisiana File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: In inches Mi: AS CAUSED BY: Injuries Multiple Eextreme Plzne Accident mmediate permit. event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave (b) Airplane Crash
DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), any stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe NO F YES 🗔 D 21a. EXTERNAL CAUSE WAS 216. TIME OF INTURY Month Bay, Year 21c. HOW INJURY OCCURRED (Enter nature of miury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, Bryans Road Md. City or Town County factory, affice building, etc.) WHILE AT WORK AT WORK Charles County Md Inspection \_\_\_ burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes Accident X Undetermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINED** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, lames Andrews 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 7-2-69 Beauregard Cemetery De Ridder, Beauregard, La 256. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Washington, Chambers Co. Marley VR A15ME (5) 10M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



	11			D STATE DEPARTMENT OF		
<i>t</i>	5	08294		, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		0000*
				Last		08287
af.		1. DECEASED-NAME First (Type or print) Rudolf	Middle		June Day	Year O. HOUR
e e e		Rudoli	Ambrose	Carrico S. DATE OF BIRTH	0 0110	9 1969 A
# F		3. SEX	4. RACE		6. AGE (In years last birthday) YRS.	MONTHS DAYS HOURS MIN.
S		Male	Cauc.	Feb. 26,19		
hau hau hau		7a. BIRTHPLACE (State or foreign cauntry).	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
ed i		Maryland	USA	WIDOWED DIVORCED	Charles UAL OCCUPATION (Kind of work done	Mo
vithin sly fille oan po withir	00	10. CITY OR TOWN OF DEATH  Bryantown	give street address)	ISTITUTION (If nat in haspital 12a. US during	most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death	08		ed lived, if institution: Residence before		Y LIMITS? 13e. STREET AND NUMBER	
A CO	2 2	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
in a	-1	Louis C. C.	arri co	Annie Ja	meson	
ite l	30	16a. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURITY		Address	
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cert Ther mav			ly ane cause per lipe far (g), (b), and (c		0 1	APPROXIMATE INTERVAL BETWEEN ONSES AND DEATH
ath it. ir re	100	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	mary Ju	Lusion	6-4-69
de de attende de la de l		4109	DUE TO, OR AS A CONSEQUENCE OF	101	1	10-
the ation		Canditians, if any, which gave		u, leut of	æe	1955
that in. oy t ans		rise ta immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
es les les les les les les les les les l		last.	(c)			
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aw Iding		19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
inter	5	19a. DATE OF OPERATION 19b.		YES NO	CAUCEC OF DEATHS	
ar o re be be be a selected and the best of the best o	ex	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY		nter nature of injury in Part 1 or Part 2,	Item 1B.)
far far free far free free free free fre		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Manth Day Yea ner) P.M.	19		
rsic aspi cert hed bed	200		PLACE OF INJURY (AT HOME, FARM, STREET, F.		Na. City or Town	Caunty State
PHYSICIAN: ne haspital ar this certificate etached far u Dept. af Hea	646	While Nat while at wark	OFFICE BUILDING, ETC.			
NG Y # ter de		22a. I certify that (I) (th	is bospital) attended the decea	sed fram, 19	, ta, 19_	, that (I) (we) las
D HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspil O FUNERAL DIRECTOR: After this certi directar, page 3 shauld be detached shauld be filed with the State Dept. af	- 33	saw the deceased	tive an(I) (we) (did) (did nat) view the	.19, and that in (my) (aur) a	pinian death accurred an the do	ite and haur and fram the
TO To the train train the train trai		22b. SIGNATURE	e, (1) (we) (ala) (ala fiai) view ine	e body differ death.	220	DATE SIGNED
REC 3 s d wii	1	220. STOTAL OKE	delen	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	Jill Stottes
V by		22d. PHYSICIAN 8	Ju Carrier	22e. ADDRESS	1110.	
RA PIT	2	NAME (Type) E.J.E	delen M.D.	La Pla	ata, Maryland 20	646
LOS UNI ecto		23a. BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
TO HOSPITAL Page 4 may TO FUNERAL directar, pag				Mary's	Bryantown, Cha	
VR AS	MIC	24. FUNERAL DIRECTOR	ADDRES	S 25a REC'I	BY REGISTRAR 2Sb. REGISTRAR'S	
30M REV	( SE	Arehart Funer	al Home Inc., La	a Plata, Md. DATE N	17 1969 June	es frage

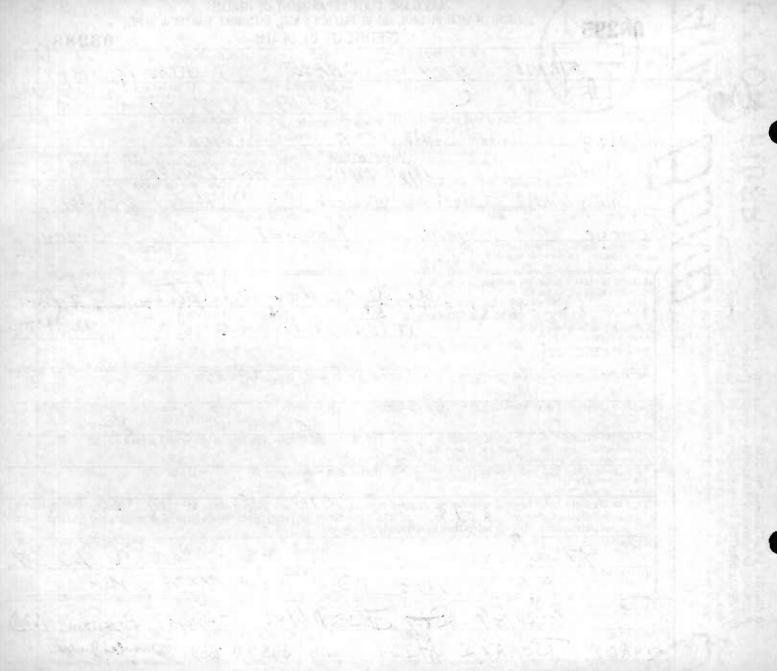
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				STATE DEPARTMENT OF		
	08293	DIVISION		01 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
146			C	ERTIFICATE OF DEATH		08288
100	t. DECEASED-NAME (Type or print)	First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
2		MINNIE	ANN	CHASE	JUNE 1	7 1969 M
	3. SEX	4. RACE	C	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
				2-19-	1878 91 YRS	
	7a. BIRTHPLACE (State of	1 11	OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Į	MARVITING	d UN:	tad StATE	WIDOWED DIVORCED	CHAR105	Md.
ı	10. CITY OR/TOWN OF D	EAIH .	11. NAME OF HOSPITAL OR INSTI		AL OCCUPATION (Kind of work dane jost of working life, even if retired.)	
	LA PIA	+A	nstitution: Residence before	11/21/71/	DUSE WITE	WO OS IN
	odmission) STATE	where deceased lived, if it	NTX LAYLOS	36. CITY OR TOWN 13d. INSIDE CITY I	IMITS? 13e. STREET AND NUMBER	2 . 2 C
ı	14. FATHER'S NAME	First Mic	Idle Last	WHIGOIT	KOUYE /- C	0 X 23 4
-	1	11110	Haut	15. MOTHER'S MAIDEN NAME	First Middle	lost
1	160. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO	11141416	Address	Green
	Yes, no, or unknown)	(If yes give war or dates of serv		TO THE CHAIRM	Addless	
ı		ATH (Enter only one couse	per line for (o), (b), ond (c).)		- 1 A 1	APPROXIMATE INTERVAL
ı	PART I. DEAT	H WAS CAUSED BY:	aria	te cardice a	tililation	BETWEEN ONSET AND GEATH
7	4400	IMMEDIATE CAUSE (o)	OR AS A CONSEQUENCE OF	×0- 0	ocot cocceq	2 0000
	Conditions, if ony,	which gave)	OK AS A CONSEQUENCE OF	theroseleno	RG	10 years.
ı	rise to immediat stating the under		OR AS A CONSEQUENCE OF			
	lost.	(c)				Market Shirt
	PART 2. OTHER SIG	ONIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	NO					
1	190. DATE OF OPERA	TION 19b. CONDITION FO	OR WHICH OPERATION WAS PERF		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	1.4
1	TE ACCIDENT WA	E UNDEDIVING TOOL TO	445 OF 11111111	YES NO NO		yes,
		CAUSE OF OEATH HOUR		21c. HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port 2	, Item 18.)
	G (If either, natify m		P.M. 19	DVA OUT LOCATION 5: D.S.T.		
ı	While Not wh.	le Zie. PLACE OF INJ	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No	. City or Tawn	Caunty State
			attended the decorad	from 6 - 16 .19	67, to 6-19,1	969 that (I) (we) last
	saw the	deceased alive an	attended the deceosed	and that in (my) (aur) api	inian death accurred on the c	967, that (I) (we) last
	causes st	ated above, (I) (we) (	did) (did not) view the bo	dy ofter deoth.		
	22b. SIGNATURE	2ndolle	0 54	ATTENDING -	MED. STAFF 220	DATE SIGNED
	224 PHYSICIANIS	you	vc -	DEGREE PHYS.	AED. STAFF PHYS. D	6-20-69
	22d. PHYSICIAN'S NAME (Type)	IF.M.	JUHNSON	M-D 22e. ADDRESS L.	A PLATA	md.
-	230, RURIAL CREMATION	23h DATE /		METERY OR CREMATORY	23d, LOCATION (City or Town)	(Caugh) (Caugh)
	REMOVAL (Specify)	6/23/	9	Republica	ST Joseph ; A	(Caunty) (State)
1	24. FUNERAL DIRECTOR	4	ADDRESS	2So. REC'D B	Y REGISTRAR 25b. REGISTRAR	
1	MEROX	DEAR	X5 8422	4 Paraster Datin:	3 0 1969 1960	las Judge .



1. DECEASED-NAME	r: .	A4:111	CERTIFICA	TE OF DEATH	10 0.00		082	
(Type ar print)	First Ba by			lost ates	20. DATE OF		<sup>0</sup> 196 <b>y</b> ear	6:15
3. SEX Femal		White	5.	June 3,	1969	6. AGE (In years lost birthdoy) YR5.	MONTHS DAYS	JOURS MIN
7a. BIRTHPLACE (State or country) Marylan	fareign 75. CITI	ZEN OF WHAT COUNTRY? United States	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH Charle	s	۸
10. CITY OR TOWN OF DEA LaPlata		11. NAME OF HOSPITAL OR I give street oddress) Physicans	Mem. H	n hospitol 120. USL during n	IAL OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
30. USUAL RESIDENCE (Woodmission) STATE MC	here deceased lived, 13b.	, if institution: Residence before COUNTY Charles	Poton	WN 13d. INSIDE CITY		REET AND NUMBER B Elder		
Ray	mond	Middle Lost Gates	1S. N	OTHER'S MAIDEN NAME Louise	First Mart	Middle		Lost
16a. WAS DECEASED EVER Yes, Mountain	IN U.S. ARMED FOR	CES? 16b. SOCIAL SECURIT None		mond Gate	s- Pot	comac He:	ights, N	Id.
1B. CAUSE OF DEAT	H (Enter only one co	ouse per line for (a), (b), ond (		Collap			APPROXIA BETWEEN OF	MATE INTERVAL NSET AND DEATH
stoting the underly lost.  PART 2. OTHER SIGN  190. DATE OF OPERATI  210. ACCIDENT WAS	IFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH BUT  ON FOR WHICH OPERATION WAS I	NOT RELATED TO TH	HE TERMINAL DISEASE OR  200. AUTOPSY?  YES  NO \(\begin{array}{ccc} & & & & & & & & & & & & & & & & & &	20b. IF	N IN PART I(a)  YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
₹ □ OR CONTRIBUTING □	CAUSE OF DEATH H	lb. TIME OF INJURY OUR A.M. Month Day Yea	10	INJURY OCCURRED (Ent	_	ry in Port 1 ar Port 2,	, Item 1B.)	
(If either, notify med	ED 21e. PLACE O		FACTORY.) 21f. LOCAT	FION Street ar R.F.D. No	a. City	or Town	County	Stote
While Not while at wark			(F)				2/09 46-4	(I) (we) lo
While Not while at wark of wark  22a. I certify the saw the de couses stat	at (I) (this hasp	ve) (did) (did not) view the	sed fram 20 1927, and the body ofter dec	hat in (my) ( <del>our)</del> op oth.	inion death o			and from the
While Not while at wark of wark  22a. I certify the saw the de couses state  22b. SIGNATURE	at (I) (this hasp ceased alive an ed obove, (I) (*	ve) (did) (did not) view the	sed fram 20 19-7, and the body ofter dec	ATTENDING	MED.		DATE SIGNED	

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-	MARYLAND STATE DEPARTMENT OF HEALTH	
	08297 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0000
FOR STATE		8290
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Do (Type or Print) OF ESTI-	
y is a tage age	PINKNEY J. HAWKINS DEATH MATED JUNE	7,196912:30A
delay and 3 43. Pag	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years of Junior 14 Hrs. 15 Junior 14 Hrs. 15 Junior 14 Hrs. 16 Junior 14 Hrs. 16 Junior 14 Hrs. 17 Junior 14 Hrs. 17 Junior 14 Hrs. 17 Junior 14 Hrs. 18 Junior 14 Ju	2d. HOUR
any delay is 2, and 3 ta PM3. Page	Male Negro 1. 40 YRS. June 7,	Yeor 19 69 12:30
E G	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
of of se	Char. Ca. 1 d. U.S. H. WIDOWED DIVOKED Charles	Md.
Pages 1, vith form	give street address) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D. KIND OF BUSINESS OR
	LaPlata   Physicians Memorial Hospital   130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER	
	odmission) STATEMaryland   13b. COUNTY Charles   Hughesville   YES   NO	
d 2 d 2	14_FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
24 haur in Item ir's Office es Land 2 urs after	Jomes A. Hawkins Mary A. Lyles	LOST
hin 24 haurs ncil in Item 7 niner's Office pages 1 and 2 hours after a	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	
Id be executed within 24 haurs rd "pending" in pencil in Item of Chief Medical Examiner's Office transit permit. File pages land 2 by event within 72 hours after d	(Yes, no, ar unknown) (If yes give war or dates of service) Ruth C. Bell Box 73 Bryant	win Md.
should be executed with should be executed with ward "pending" in peta the Chief Medical Exarburial-transit permit. File in any event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
urte Iical Iical vithi	PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
be executing "pending" ief Medica insit permitevent with	IMMEDIATE CAUSE (o) Fatty Metamorphosis of Liver  DUE TO, OR AS A CONSEQUENCE OF	
be ("per "per ief nsit	Canditions, if any, which gove	
Ping Change	rise to immediate couse (a).  Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shot the in a uria	last. (c)	
TY DICAL EXAMINER: This certificate should be executed with y, please execute the certificate, writing the ward "pending" in perstal director. Page 4 should be forwarded to the Chief Medical Example retained for your files.  **AL DIRECTOR:*Page 3 should be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event within 72.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
iffica ting rrdec as as		
wri wri rrwo nove	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY?
his or for the for the for the for the for the formula for the	WAS PERFORMICU?	YES 🔀 NO 🗌
**AL EXAMINER: This certifexecute the certificate, writ on an armonia be forwar of the your files.  **TOR: Page 3 shauld be used urial, cremation, or remova		18.)
INER: e cert shaul files. 3 shau	CAUSE OF DEATH P.M. 19	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.)	County Stote
bical Examiner: se execute the certivities. Page 4 shauld ned far yaur files. iECTOR: Page 3 shau burial, cremation,	AT WORK LI AT WORK LI	
AL AL far far far or.	22a. I certify that I taok charge of the remains described above, held an Autapsy 💂 , Inspection 🗌 , Inquiry 🔲 ,	and in my apinion
Se escran	death resulted fram: Natural causes 🛴 , Accident 🔲 , Suicide 🗍 , Homicide 🔲 , Undetermined manner 🗌	
please I direct retaine or to b	ACTUAL CHIEF MEDICAL EXAMINER &	
EPUTY DICA ssary, please ex- funeral directar. oy be retained in INERAL DIRECTO	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIG	3/69
DEPUTY DICAL EXAM seessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page	EXAMINER'S NAME (Type) Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	
ro DEPUTY necessary, the funera 5 may be ro FUNERA Health pr	DESCRIPTION AND ADDRESS OF THE PROPERTY OF THE	untul (State)
	Bureal June 12/69 St. Mary Church Cem. Bry antown C	(Stote)
	24. FLYSERAL DIRECTOR 250. REGISTRAX 25b. REGISTRAX	NATURE
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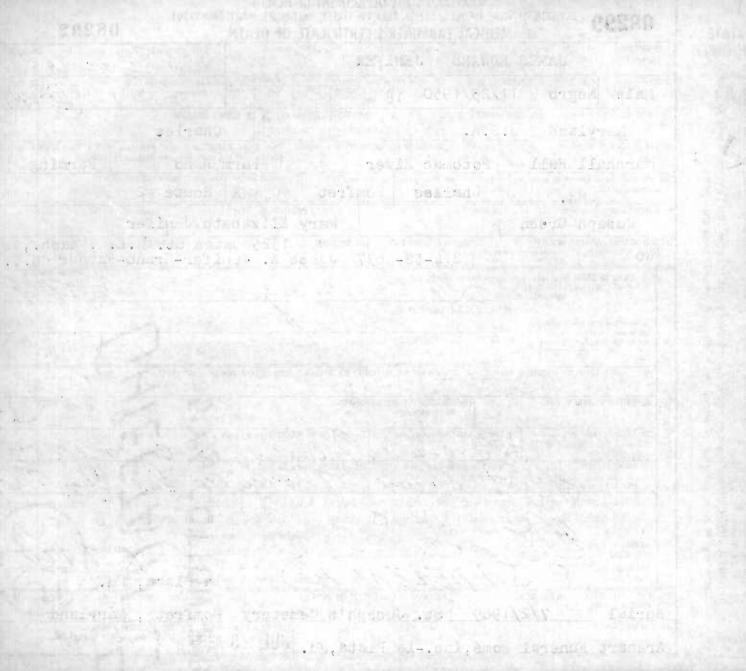
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, 1	1 00000	MARYLAN DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA		
1000	08298		CERTIFICATE OF DEATI		08291
death.	1. DECEASED-NAME First (Type or print) Regi	nald Price	Hungerford	2a. DATE OF DEATH  Magth  June	12 Year 1969
offer of fun of	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
hours of hours of hours of hours	Male 7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	April 30	9. COUNTY OF DEATH	
e executed within 24 hours after death and campletely filled in by the funeral remave carban papers. Pages 1 md n any event, within 72 hours after death	Country Maryland  10. CITY OR TOWN OF DEATH  La Plata  130. USUAL RESIDENCE (Where dece	The same of the sa	WIDOWED DIVORCED STITUTION (If not in haspital during the management of the manageme	Charles  JSUAL OCCUPATION (Kind of work done or most of working life, even if retired.)  Ret Accountant  ITY LIMITS? 13e. STREET AND NUMBER	12b. KIND OF BUSINESS OR INDUSTRY USGovern
d cample mave complexed may even	odmission) STATE Maryland 14. FATHER'S NAME First	13b. COUNTY Charles Middle Lost	La Plata YES X	NO 🗌	Lost
ificate be a nysician and n please rer	John Gwinn 160. WAS DECEASED EVER IN U.S. A	Hungerford	Mary Si	8403 Cathed len, New Carroll	
AN: The law requires that the death certificate be executed within 24 hours after deat all or attending physician. icate has been signed by the attending physician and campletely filled in by the funeraliar use as the burial-transit permit. Then please remave carban papers. Pages 1 and Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gavenise to immediate couse (a) stating the underlying caused last.	DUATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF	pertensia terria	Wite Duit	APPROXIMATE INTERVAL BETWEEN QNSET AND DEATH  FIG. 1
The law ratending has been se as the h priar ta	190. DATE OF OPERATION 19 21a. ACCIDENT WAS UNDERLY 37 OR CONTRIBUTING CAUSE OF DI (If either, notify medical example) 37 21d INIURY OCCURRED 121	EATH HOUR A.M. Month Doy Year	YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? Enter nature of injury in Port 1 or Port 2	
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Heal	While Not while ot wark of wark 122a. I certify that (1)	this haspital) attended the decease ve, (1) (we) (did) (did nat) view the	ed from (aur) body after death.	9, to, gapinian death accurred an the c	Caunty State  7 , that (I) (we) la late and haur and fram the DATE SIGNED ane 13,1969
D HOSPITAL OR ATTENI Poge 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23a. BURIAL CREMATION, 23b	Edelen, M. D.  D. DATE 23c, NAME OF	DEGREE PHYS.  22e. ADDRESS  La P  CEMETERY OR CREMATORY	ata, Maryland  23d. LOCATION (City or Town)	(County) (State)
Pag 70 Find			ist Church Ceme	Wayside, Cha	rles, Md.
30M REV. 1734		ral Home Inc., L		rs nets of	les Judge :

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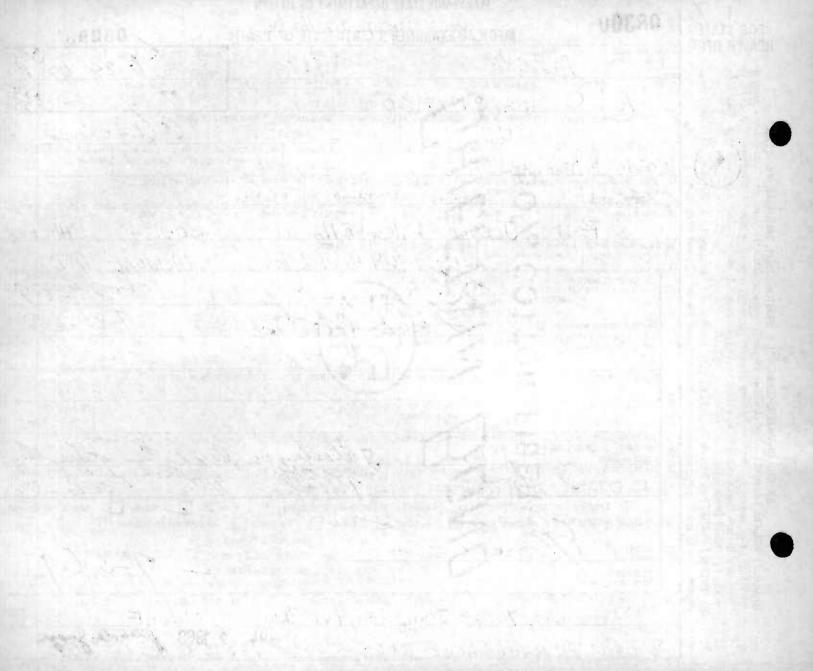
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		MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  08	292
HEALTH DEPT.		DECEASED-NAME First  JAMES EDWARD  Middle  JENIFER  2a. DATE KNOWN Manth Day OF ESTI- DEATH MATED  DEATH MATED	y Year 2b. HOUR
deloy and 3 deloy ritment	3. 5	SEX Male Negro   S. DATE OF BIRTH   S. DATE OF BIRT	Year 2d. HOUR
orm, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   U.S.A.   WIDOWED   DIVORCED   Charles	M
offer deoth  3. Give Pages olong with for with the State eath.		Marshall Hall Potomac River during most of working life even if retired.) IND	KIND OF BUSINESS OR BUSINESS OR FARMING
hours ofter Item 18. Giv Office olong I ond 2 with t	13a.	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Charles Pomfret YES \( \text{NSIDE CITY LIMITS?} \) NO \( \text{X} \) Route #2	
hin 24 hours offenci in Item 18. Gininer's Office olon, pages lond 2 with hours offer death		FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Mary Elizabeth Jenifer	Last
I within 24 n pencil in Examiner's File pages 72 hours		o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yew our or dotes of service) (Yew our unknown) (If yes give war or dotes of service) (If yes give war or dotes of service) (16b, SOCIAL SECURITY NO. 17. INFORMANT, 1525 Oates StoppresN.E.  214-58-4637 James A. Jenifer-Grand-Fa	
		18. CAUSE OF DEATH (Enter anly one couse per line for (5-(0), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed to word "pending" is othe Chief Medicol burial-transit permit.		Conditions, if any, which gove is to immediate cause (a), (b)	
ertificate should writing the word warded to the Cl sed as o burial-tr		stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)	
certificate writing the rwarded to seed as o b novol, and	NC.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
SE	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?  YES NO 🔏
retificate, certificate, could be fels.	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING P.M. 6-4619-66 P.M. 6-4619-669 P.M. 6-4619-6	Leel off
	W	21d. INJURY OCCURRED  21e. PtACE Of INJURY (At home, tomb street, at work at work).  21f. LOCATION Street or R.F.D. No. City or Town town at work at work at work at work at work at work.	las lus
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health prior to burial, crem		22a. I certify that taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	and in my apinian
TY, pleos yy, pleos prol direction to prior to		ACTUAL  SIGNATURE  CHIEF MEDICAL EXAMINER  220. DATE SIGN	eg //c
O DEPUTY necessary, the funeral 5 may be O FUNERAL Health pri		EXAMINER'S NAME (Type)  EXAMINER'S NAME (Type)  EXAMINER'S MEDICAL EXAMINER AND ADDRESS (Street, city, tow] a coupy ata, Md.	-1.60
10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (Cau	unty) (Stote) vland
VR A15ME (5) ()	24.	FUNERAL DIRECTOR ADDRESS 25g. REGISTRAR 25h. REGISTRAR'S SIGN	
10M REV. 1/68	A	Archart Funeral Home Inc La Plata Md . 3 1969 / Cuartos	T A.



FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08293
HEALTH DEPT.	1. D	DECEASED NAME (Type or Print)  ALBERT Middle Lost Corner to Corner	- 1- 400 1000
deloy and 3 A3. Po	3. SI	SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years legst birthday) 6. AGE (in years legst birthday) MONTHS DAYS HOURS MIN MONTH MON	DUNCED DEAD 2d. HOURT
- 5 7 E	7a. l	BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   NITY)   9. COUNTY OF DEATH   NITY)	Mearker Mr
Md. 212 in deoth. I ive Pages g with too	a	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, ex	ven if retired.) INDUSTRY
明年のの年書	0	. USUAL RESIDENCE (Where deceated lived, if institution: Residence before deceated lived, if it is institution: Residence before deceated lived, if it is it is institution: Residence before deceated lived, if it is i	D NUMBER
hour hour hour ltem Office office after.	. 7	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First LOST	Middle Last SHORTER
STREET, B. I within 24 In pencil in Exominer's File pages		Vac follower   1 mm   1	ADDRESS MO.
		18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETTIETH ONSET AUMORATE
W. PRESTO d be execut d 'pending' Chief Medicc fransit permit		Conditions, if any, which gave rise to immediate cause (a), (b)	7-4-69
woorly only only only only only only only on		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	
CORD ficate ing the rded t	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	
ITAL RECORI nis certificate tite, writing the perused os a	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?  YES NO
ifico iffico d be ald 1	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH  21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19  21c. HOW USURY OCCURRED (Enter nature of injury in Po	Ann Street King
S & t + p a E	W	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (5 home, form, street, foctory) office outlying, etc.)  AT WORK  AT WORK  21e. PLACE OF INJURY (5 home, form, street, foctory) office outlying, etc.)	clier the
AL Sold Por			Inquiry and in my apinian ined manner
MED pleos I directoring to DIR.		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	2267 DATE SIGNED 6
O DEPUTY necessory, p the funeral 5 may be in O FUNERAL Health pho	L	EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	1-3/2/
10 10 10 10 10		GENTIAL CREMATION, REMOVAL (Specify)  236. DATE  236. NAME OF CEMETERY OR CREMATORY  JULY 7 1969 JOHN Wesley Met. Chiach Wold  FUNERAL DIRECTOR  250. REGULARY OF CEMETERY OR CREMATORY  250. REGULARY OF CEMETERY OF CHIACH WOLD OF CHIACH WOLD OF CHIACH WESLEY MET. CHIACH WOLD OF CHIACH WESLEY MET. CHIACH WOLD OF CHIACH WOLD OF CHIACH WESLEY MET. CHIACH WOLD OF CHIACH WOLD OF CHIACH WOLD OF CHIACH WOLD OF CHIACH WESLEY MET. CHIACH WOLD OF C	ORF
VR A15ME (5) 10M - 1/69		I FUNERAL DIRECTOR  ADDRESS  250. BRUT BY REGISTRATEGO 2  ADDRESS  DATE  DATE  TO THE PROPERTY OF THE PROPERTY	PER HALL

MARYLAND STATE DEPARTMENT OF HEALTH



13	7/24/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08294
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) S.G. Magnus Army Civilian 20. DATE KNOWN Month DEATH MATED 6-27	Doy Yeor 2b. HOUR 2-69 111-45AM
Any delay is any and 3 to 3.8. Page	3. SEX Male White 3-12-26 6. AGE (In years less thinked) LO A3 YRS.    Months   Mont	2d. HOUR  11 Yeor Ap 5 ANI M
e 0 %	76. BIRTHPLACE (Stote or foreign Country) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH STORMS OF WHAT COUNTRY? WIDOWED DIVORCED Charles County	
T & # 00	Bryans Road Md.  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during posts) of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY US. Army
Wi Wi	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Alabama 36. COUNTY Anniston 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO Eulaton Rd.	
24 hours a in Item 18. r's Office a les lond 2 w		tchell
executed within 24 anding" in pencil in Medical Examiner's permit. File pages nt within 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 217 24 6382 Dorothy W. Magness Anni	
Juted Ji' in cal E mit. F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (o)  This is a substitute of the couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s certificate should be executed within 24 hours e, writing the word "pending" in pencil in Item 1 farwarded to the Chief Medical Examiner's Office tused as a burial-transit permit. File pages 1 and 2 emovol, and in any event within 72 hours ofter.	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse   last.   CAUSE (o)	Immediate Immediate
uis certificate te, writing the farwarded to be used as a b removal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
in to a	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY MATER TO THE PROPERTY OF THE PROPERTY	20. AUTOPSY? YES NO NO
4	PRIMARY OR CONTRIBUTING HOUR A.M. 10-30AM Airplane Crash	
	WHILE AT WORK AT WORK foctory, office building, etc.)	Charles Md.
DEPUTY  Steady please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eolth prior to burial, crem	220. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry death resulted from: Notural causes, Accident X, Suicide, Homicide, Undetermined monner  CHIEF MEDICAL EXAMINER	
O DEPUTY necessary, p the funeral 5 may be re O FUNERAL Health prio	EXAMINERY S	137-69
necessar the fune 5 moy b TO FUNER Heolth	James E. Andrews Fib	(County) (Stote)
VR A15ME (5) 10M REV. 1/68	24. FUNERAL DIRECTOR 1400 APPRESS IN St. NW REC'D BY REGISTRAR 25b. REGISTRAR'S ST. NW REC'D BY REC'D BY REGISTRAR'S ST. NW REC'D BY	

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	> 1 1		08302 MARYLAND STATE DEPARTMENT OF HEALTH	
	FOR STATE			08205
	HEALTH DEPT.	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08295
			First Print) JOSEPH Middle SILVERMAN 20. DATE KNOWN Month OF ESTI- DEATH MATED 6	Doy Year 2b. HOUR
	deloy nd 3 3. Pog	3. 5		Yeor C 2d. House
	2,27	7o.	BIRTHPLACA (Stote of foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEVER MARRIED 9. COUNTY OF DEATH	1 A B A B
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9	Md. r de ve l y w the	1	Of files give treet address) luce lu- francis (van interied.)	Lene Frigg
18	18. Give 18. Give 18. Give 19. Geoth.		USUAL RESIDENCE (Where deceosed lived it in the truit and Residence before 13c. CITY OF TOWN 13d. INSURCITY LUMPS? 13e. STREET AND NUMBER dmissian) STATE ( 13b CONTROL OF TOWN 13d INSURCITY LUMPS? 13c. STREET AND NUMBER 156/10	48,6 Flex
	Tand Offer offer	14.4	ATHERY NAME First Middle Last IS. MOTHER'S MADE First Middle Middle	Last
	ar er	160	ADDRESS OF THE PROPERTY NO. 12. INFORMANT (If yes give war or dates of service)	tange
	STREET, I within n pencil Examine File page	<u></u>	18. CAUSE OF DEATH (Enter anly ane cause per line far (g)-th), and (c).)	APPROXIMAN INTERVAL
	PRESTON S executed ending" in f Medical E it permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  ORCHITECTURE  ORCHIT	BETWEEN DASSET AND DEATH
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0	L RECORDS, 301 W. PRESTON certificate should be executed writing the word "pending" in rwarded to the Chief Medical B. Ised as a burial-transit permit. Isodol. and in ony event within		rise to immediate cause (a), stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
X	os, 30 e sho the w to th burid		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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	VITAL RECORDS, This certificate s cate, writing the be forwarded to be used as a bi r removal, and i	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?
	Thi Thi Dee		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	YES NO
	ON OF VINER: The certificate of	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
	MI the	N	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)  21f. LOCATION Street or R.F.D. Na. City ar Tawn	Caunty State
	DIV LEXA cecute Poge for you OR: Pog		22a. I certify that I tack tharge of the remains described above, held an Autopsy Inspection Inquiry	and in my opinion
	MEDICAL E blease exect director. Po etoined for DIRECTOR: Ir to buriol,		death resulted fresh Novurol causes , Accident , Suicide , Homicide , Undetermined monner	
	ITY MEDICA y, please e eral director be retoined RAL DIRECT prior to bu		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE	SIGNED
2			EXAMINER'S IS STATE OF THE STAT	2007
01	TO DEPL necessa the fun 5 may TO FUNE Health		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY - 23d. LOCATION (City or Town)	(County) (Stote)
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	VR A15ME (5) 10M - 1/69	A	REHART FUNERAL HOME, INC La Plata , Md DATJUN 9 1969 folient	

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FOR STATE		18304 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08296
HEALTH DEPT.	1. 0		274-69 or 1 126-40 kg
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000		ryans Road Md. / US.Armv US.Armv	INDUSTRY JS-Army
s often 18. Gin along with death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13d. COUNTY  13d. COUNTY	
hours Item 18 Office offer d		Fla.   St. Pete. 15 M N L 11526 61st La	
hours Item Office offer	14.	The state of the s	Lost
hin 24 hours ofter ncil in Item 18. Giv niner's Office along pages 1 and 2 with hours offer death.	160.	Clark W. Straus Irene M. Ecker  WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
		Yes Active 349 36 4323 Clark W. Straus See 13	a c e
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necessory, the funerol 5 moy be ro FUNERAL Health	220	// James F. Andrews MD	(County)
7 1,51	230	KEMIDIFAL (Specify)	(County) (Stote)
	24.		ginia IGNATURE
VR A15ME (5) 10M REV. 1/68		W.W. Chambers Co. Lico Chap in St. Date JUL 2 1969 Chap in St. Date JUL 2 1969	es Judge.

